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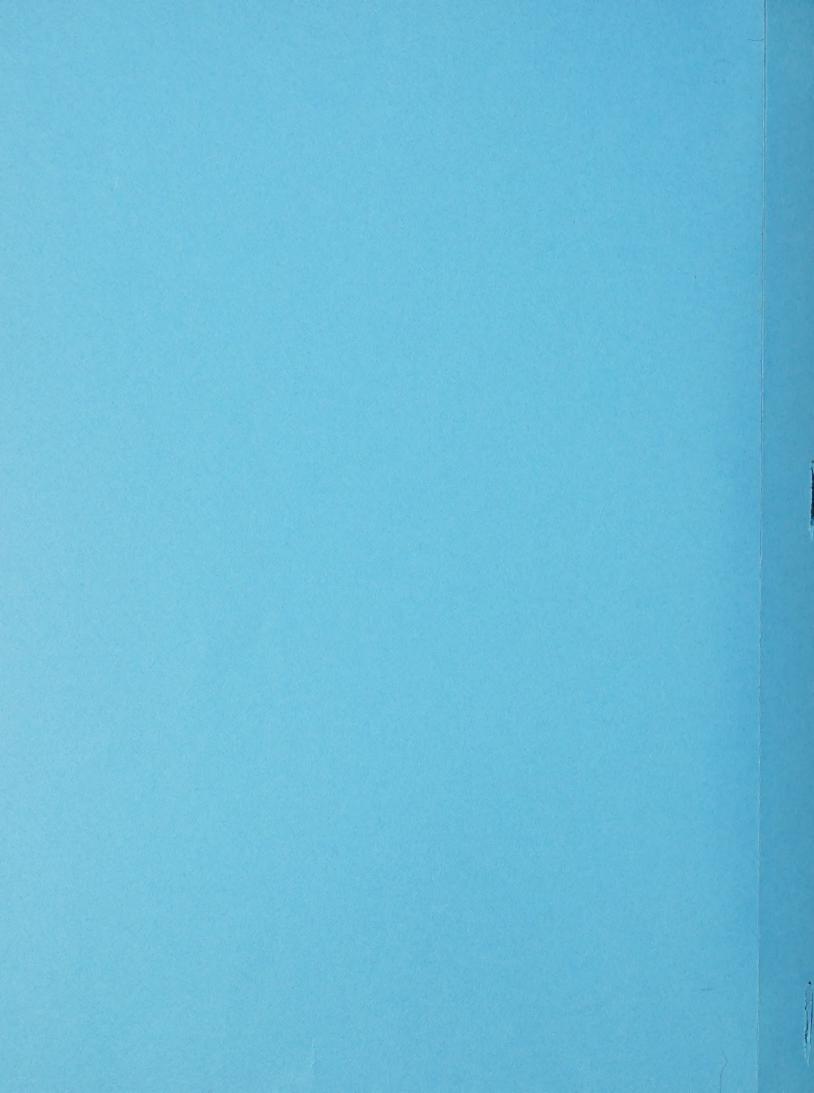
SUBMISSION

TO THE

MEDICAL SERVICES INSURANCE ENQUIRY

BY THE

ST. ELIZABETH VISITING NURSES' ASSOCIATION OF ONTARIO



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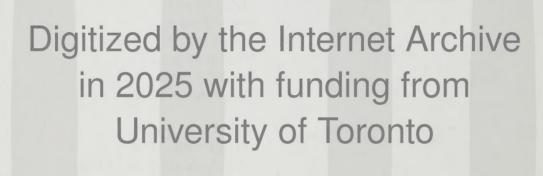
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A) Summary (conclusions and recommendations) B) Organization History Objectives Membership Board of Directors Headquarters Area Served Transportation C) Nursing Program Visiting Nurse Group Teaching Child Health Clinics Home care program D) Personnel Nursing Staff Administrative and Supervisory Staff Clerical Staff Admitting Officer Advisory Committee E) Educational Program In-service education Bursaries Field Experience for students Medical students F) Financing - Revenue Nursing Fees United Community Fund Grants Disbursements Dunen- Am sken enaugh murrer To geve de ?



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A. SUMMARY

- 1. The St. Elizabeth Visiting Nurses' Association, a voluntary agency, has been providing a visiting nurse service to Metropolitan Toronto since 1908. (Paragraphs 22,23)
- 2. There is one centrally located office from which all areas receive service. (Paragraphs 29,30,31)
- The agency gives skilled nursing care on a visiting basis to all types of patients. The service offered is always given in conjunction with medical consultation and doctors' orders. Health teaching and supervision is offered to all age groups and for all types of illnesses. (Paragraphs 34,35,36,37 inclusive)
- 4. In 1962, 28,713 visits were made to 1,654 patients in Metropolitan Toronto. (Paragraph 33)
- Other nursing programs consisted of supplying staff at
 Child Health Centres and supplying teachers for the Prenatal
 and Physical Preparation for Childbirth Classes. (Paragraphs 38, 39)
- As hospital beds are at a premium, it would seem that the more effective utilization of community agencies would make it possible for more patients to receive care at home. It would seem that improved relationships between hospital and home would

aid the situation, not only physically but financially. (Paragraphs 40,41,42)

- 7. The nursing service provided requires a staff of qualified public health nurses, registered nurses, and registered nursing assistants. To safeguard the standards of service and quality of care, a high percentage of professional personnel must be maintained. (Paragraphs 43,44,46)
- 8. Bursaries are awarded to help maintain the high calibre of qualified staff. (Paragraph 52)
- 9. Nursing service is available to anyone upon request, regardless of their creed or economic status. Funds for service come from various sources. Although our fee is established on a cost per visit of \$4.00, only 5.7% of our patients were able to pay full fee. The total revenue from all areas is insufficient to meet the growing needs of a voluntary nursing service. (Paragraphs 57-63; Appendix I)
- In view of these existing situations, the following recommendations are submitted to the Medical Services Insurance Enquiry.

SUMMARY --- #3

RECOMMENDATIONS

ll. There is an increasing number of older citizens, many of whom may be cared for at home and would prefer to remain home for certain illnesses.

- 12. It is important to these citizens that they be allowed to remain in their own home and that the cost of nursing service, when prescribed by a physician, be included in a medical insurance plan. (Paragraph 36)
- 13. In many cases the older person improves more rapidly in his own home, provided adequate care is available through a Visiting Nurse program. However, payment for this care is often an added financial burden beyond the families economic abilities.
- 14. It has been the experience of this Agency that certain

 Medical Insurance Plans will pay for service only if there has

 been a period of hospitalization.
- 15. Great emphasis is being placed on early discharge from hospital. Many of these post-hospital patients would benefit by care from a visiting nurse but patients are unable to plan for this additional medical expense, unless it is part of an overall medical insurance plan. (Paragraph 34)
- Having regard to the expanding population of this

 Province and the continuing heavy demand on hospital
 accomodation, the comprehensive care of the patient should
 make full use of all auxilliary services including the use of
 the visiting nurses.

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- 17. In the latter instance, there seems to be some need to educate the public to the fact that public health nursing services are both socially and medically acceptable to persons of all income levels. (Paragraph 35)
- 18. Continued interpretation to members of the community including doctors, would lead to a better understanding of the values of the visiting nurse program.
- 19. The St. Elizabeth Visiting Nurses' Association has the qualified staff to participate to a greater extent in the Home Care Pilot Program or in any new programs to improve the total care of patients at home. (Paragraphs 41, 42)
- 20. Therefore, it must be borne in mind that the physician is the key to the most effective use of public health nursing service and that a better working relationship with him would need to be developed.
- Public Health Nursing service is a part, an important part of total patient care and will find its best utilization when it is recognized as such by the hospital, the physicians and the professional workers.



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B. Organization

- 22. History The St. Elizabeth Visiting Nurses' Association was founded in the City of Toronto in 1908 and incorporated by Letters Patent of the Province of Ontario on November 18, 1916.
- 23. Objectives The particular objects of the Association are

 a) to provide skilled nursing care and appropriate health teaching to the

 Catholic people as well as all others who request service.
 - b) to promote the welfare of the sick and infirm regardless of race, creed or economic status.
- 24. Membership The Association is composed of a lay membership of approximately 1200 Catholic women from the various parishes of Metropolitan Toronto and Toronto Township.
- 25. Board of Directors The lay membership group elect to office by ballot a Board of Directors of twelve women every three years.
- 26. The Officers are elected by the Directors from among their members for the period of their Directorship.
- 27. The Board of Directors meets on the second Tuesday of each month for the direction and management of the affairs of the Association.
- 28. There are two General Meetings of the Association, one in November and the Annual Meeting to be held prior to March 15th of each year.
- 29. Headquarters The Association works from a central office presently located at 99 Gloucester Street, Toronto 5.



- 30. <u>Area Served</u> Service is offered to the people of Metropolitan

 Toronto and the southern part of Toronto Township.
- 31. <u>Transportation</u> The Association has a fleet of eight Agency cars as well as privately owned cars on a subsidized basis.

C. NURSING PROGRAMME

VISITING NURSING

- The basic function of the Association is to give bedside nursing care in the home on a visiting basis and to offer health teaching to all types of patients.
- In 1962 a nursing staff of twenty, including three registered nursing Assistants made 28,713 visits to 1,654 patients in Metropolitan Toronto.

 This is an increase in the number of visits and patients over the previous year.
- The modern trend for visiting nursing has changed for various reasons. To-day there is a more rapid turn-over in patient clientele. The period of care is more intensive and for a shorter term. This may be due, in fact, to several changes:
 - advances in the medical sciences
 - pharmacological advances
 - early ambulation of patients
 - hospitalization schemes.
- There is an apparent lack of knowledge and understanding of the general public of the services available to them from a visiting nurse agency.

 In many instances an earlier visit to an ailing patient would be more helpful. Subsequently patients who can benefit from the service do not get their fair share, and many do not receive any service.



- 36. This agency, besides intensive care for the acutely ill, is spending and increasing amount of time in caring for the aged and the chronically ill.

 Special attention being given to the latter groups with stress placed on rehabilitation.
- 37. The maternity program for visiting nurses has been reduced due to hospitalization for confinements and early ambulation and discharge of the new mother.

 Most home visits for this group are made to give health teaching and supportive care.

GROUP TEACHING

38. Many expectant mothers prefer to receive instruction by the group method rather than an individual basis. In Metropolitan Toronto prenatal instruction is a co-operative community project. The program is guided by the Prenatal Education Committee of the Social Planning Council of Metropolitan Toronto; the participating agencies are: Departments of Health, the Visiting Homemaker's Association, the Victorian Order of Nurses, and the Saint Elizabeth Visiting Nurses' Association. Classes include prenatal instruction and physical preparation for childbirth. The teaching is done by qualified public health nurses from the above-mentioned staffs.

CHILD HEALTH CLINICS

Well-Baby Clinics are the responsibility of the Departments of Health. In two municipalities a public health nurse from this agency provides part of the personnel in staffing the clinics. Payment for this service is included in a grant from said municipalities. One other child health centre is managed by this agency and is sponsored by a local parish.



HOME CARE PROGRAMME

- In 1958 when the research-based Home Care Program was established, its purpose was to determine methods and costs of service which would bring to selected patients continuous care and maximum rehabilitation in a home setting.

 During this time our agency was a participant and extremely active in providing nursing service.
- Since July 1961, when this program was extended to accelerate hospital discharge this agency has been approached only once to give care under the new project.
- While the previous service is still available and the agency utilizes it when the need arises, we are without experience of the new Pilot Home Care project or its machinations.



D. PERSONNEL

- Nursing Staff At present the Association has a staff of twenty nurses. The staff nurses fall into three categories.

 Public Health Nurses (these are in the majority), Registered Nurses who after intensive in-service education are prepared to give health teaching, and Registered Nursing Assistants (three in number) who give service to the chronically ill under close supervision.
- Administrative and Supervisory Staff The ExecutiveDirector and two Nursing Supervisors all have advanced preparation in the field of public health.
- 45. Clerical Staff Consists of a bookkeeper, a secretary, and a statistical clerk.
- 46. Admitting Officer An experienced public health nurse, who is the liaison between the nurses in the district, the patient, and the family physician or hospital clinic.
- 47. Advisory Committee A Nursing and Medical Committee act in an advisory capacity to the Executive-Director and the Board of Directors.

E. EDUCATIONAL PROGRAMME

48. In-Service Education

In-Service education is provided by the agency for all its staff.

49. A well planned orientation program is presented to new staff members and a period of orientation is arranged for their help. This is geared to assist the nurse, improve quality of care to the patients and enable the agency to provide improved service.



Educational Programme (cont'd)

- There is an on-going staff education program whereby all nurses are kept abreast of modern trends, new innovations, and current nursing facts.
- fessional meetings, seminars, etc. which will add to their professional acumen. These nurses in turn bring the new ideas back to other members of staff.
- Bursaries The Association is prepared to offer some bursary assistance to Registered Nurses to attend a University of their choice to obtain a certificate in Public Health Nursing. In return, the nurse must contract to work for at least one year with the Association following completion of her course.
- Field Experience The agency provides a period of field experience for students enrolled in university nursing programs.

 These students are from the basic nursing degree courses and those taking post-graduate courses in public health.
- Hospital under-graduate students are provided with a period of observation experience. Students enrolled in the post-graduate obstetric course from one hospital also receive one day observation. This contact with the community gives the student some concept of the basic needs of people met in a home setting. Due to the large increase in nursing enrolment it is becoming increasingly difficult to fulfill all requests for field practice.
- Medical Students A planned half-day of observation is provided for medical students. The objective is to allow the student to see a patient in a community setting in the home and as a family member. The student is introduced, if only briefly to the existing community agencies in providing



Educational Programme (cont'd) effective care for his patients.

56. Seminars for medical students are held to co-ordinate this observation period, and to understand the inter-relation-ship of community agencies. This agency has a participating representative to this group.

F. FINANCES

- 57. Revenue Funds for maintaining the Association are obtained from five sources:
 - a) Government Grants
 - b) Municipal Grants
 - c) Patients Fees
 - d) Membership Fees
 - e) United Community Fund

(see Appendix III)

- \$3,000.00 Grant from the Provincial Department of Welfare since November, 1960, and a \$1,250.00 Grant from the Provincial Department of Health since 1954.
- Municipal Grants The three Lakeshore municipalities of

 Metro Toronto that have not implemented the Visiting Homemakers

 Act make a small Grant on a yearly basis to the Association.
- of the Corporation of the Township of Toronto also makes a yearly Grant to the Association, although there is a possibility that they may implement the Act in 1964.
- Patients Fees Fees based on the actual cost per visit are charged for all nursing visits. However, these fees may be adjusted when the need arises, according to the patient's ability to pay.



Finances (cont'd)

- 52. In 1962 only 5.7% of our Patients paid the full fee of \$4.00 per visit. (see Appendix I)
- 63. Fees paid for indigent patients under the Visiting Homemakers and Nurses Service Act have been an important source
 of payment for nursing service that would of necessity been
 classed as free. However, Agencies are only receiving \$2.50
 per visit, in comparison to our actual cost of \$4.17 per visit.
- 64. Membership Fees A token fee of \$1.00 per year is paid by all lay-members.
- 65. <u>United Community Fund</u> This Agency receives approximately 68% of its income from the United Community Fund of Greater Toronto.
- Despite the fact that there has been a steady increase in the amount allocated by the United Appeal, it is not sufficient to meet the financial needs of visiting nurse agencies.
- 67. <u>Disbursements</u> In 1962 the total disbursements for this Association were \$124,925.00. The greatest item of expense was for salaries amounting to 84%.



		VISI	VISITS TO PATIENTS	rients		
YEAR	FULL PAY	PART PAY	FREE	ACT #148	NO CHARGE	TOTAL
1962 number of	1657	10212	4376	5314	7171	28730
1962 percentage	5.7	35.5	15.2	18.5	24.9	8.66

	TOTAL	1097	1599
	NO CHARGE	545	893
ATIENTS	ACT #148	28	79
NUMBER OF PATIENTS	FREE	131	187
NUM	PART PAY	237	302
	FULL PAY	126	138
		1961	1962

	49.6	55.4
ENTS	5.2	4.9
AGE OF PATI	11.9	11.6
PERCENTAG	21.6	19.0
	11.4	8.6
	1961	1962



TOTAL PERCENTAGE OF ALL VISITS - 1962

Nursing Service 74.10%

Health Consultations 25.90%

PERCENTAGES PER 1	MUNICIPALIT	TY - 1962
MUNICIPALITY	NURSING CARE	TEACHING
East York	80.1	19.9
Etobicoke	61.56	38.44
Forest Hill & Leaside	88.73	11.27
Lakeshore Municipality	51.63	48.37
North York	72.84	27.16
Scarboro	79.39	20.61
Toronto	82.88	17.12
Toronto Township	83.91	16.09
York Township	47.07	52.93



APPENDIX III

FINANCIAL SUMMARY

SUMMARY OF RECEIPTS FOR 1962

SOURCE	PERC ENTAGE
United Community Fund	68.13%
Government Grants	3.40%
Nursing Fees	13.22%
Municipal Grants	2.28%
Homemaking & Nurses Services Act	12.03%
Membership Fees	.85%
Donations	.01%

SUMMARY OF DISBURSEMENTS FOR 1962

DISBURSEMEN TS	PERC ENTAGE
Personal Services	86.80%
Service (other than Personal)	2.08%
Travelling	5.34%
Building	3.32%
Supplies (other than Relief)	1.73%
Relief	. 28%
Other Expenses	.41%

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SUMMANT OF RECEIPTS FOR LINE

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